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CONFIRMATION NO. 8174

<b>SERIAL NUMBER</b> 10/768,729	<b>FILING OR 371(c) DATE</b> 01/28/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1637	<b>ATTORNEY DOCKET NO.</b> 21465-509 UTIL
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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/443,471 01/29/2003 and claims benefit of 60/465,071 04/23/2003  
 and claims benefit of 60/476,313 06/06/2003  
 and claims benefit of 60/476,504 06/06/2003  
 and claims benefit of 60/476,592 06/06/2003  
 and claims benefit of 60/476,602 06/06/2003  
 and claims benefit of 60/497,985 08/25/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 04/06/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 39	<b>INDEPENDENT CLAIMS</b> 5
Verified and Acknowledged	Examiner's Signature <i>Paul C. Dunn</i> Initials <i>PCD</i>				

**ADDRESS**

35437

**TITLE**

Double ended sequencing

<b>FILING FEE RECEIVED</b> 707	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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